

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/539443**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
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12			/			
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43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		41	←		←
TOTAL CLAIMS			43			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			/			
53			/			
54			/			
55			/			
56			/			
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89			/			
90			/			
91			/			
92			/			
93			/			
94			/			
95			/			
96			/			
97			/			
98			/			
99			/			
100			/			
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		5	←		←
TOTAL CLAIMS			10			